"HEALTH PROMOTION ACTIVITIES FOR LONG-TERM LIVING"

Carmel Bitondo Dyer, MD
Baylor College of Medicine
Harris County Hospital District
Texas Elder Abuse and Mistreatment Institute

July 29. 2005

Pope John Paul II believed that each older person is "an indispensable resource" and "irreplaceable". He felt that old age was the richest stage of life and that seniors possess the wisdom and experience which are the fruit of a lifetime. [1]

Americans today must strive to not only preserve, but promote the health and well-being of these indispensable resources, our senior citizens. Every ten years the White House Conference on Aging (WHCOA) gives the experts and advocates from around the country the opportunity to devise the policies and strategies to do just that. Although each has been an important event, considering the looming demographic imperative, the 2005 WHCOA is no doubt the most critical to date.

It is a privilege to be Senator John Cornyn's delegate and to represent the great state of Texas. I am excited to be a part of this wonderful forum and speak along side so many distinguished Americans. My colleagues will be speaking on important topics such as the benefits of physical activity and the avoidance of risk for chronic conditions. Today I will be speaking as a fellowship trained geriatrician who has been in practice for over twelve years as the director of Baylor's Geriatrics Program at the Harris County Hospital District and the co-director of the Texas Elder Abuse and Mistreatment Institute which was formed over seven years ago.

It is no secret that as we age, our bodies change. We know that muscle mass decreases 50% between age 20 and seventy. Lung, heart and kidney function changes with age and presents physicians who care for seniors with special challenges. The older person metabolizes medications differently – in fact 20% of Medicare admissions to the hospital are for adverse drug reactions. Trying to apply the principles of medicine that are appropriate for a 50 year old, simply do not work in a person who is 80 years old. Seniors deserve to have their medical care provided by professionals who possess the skills and knowledge base to meet the needs of an aging person.

Health care professionals must apply the principles of geriatric medicine to provide the highest quality health care to older Americans. These principles of geriatric medicine meet the needs of the diverse populations of seniors whether they be frail or robust. A set of core attributes and competencies should be embraced and applied by medical

[1] (Source: Pontifical Council for the Laity, *The Dignity of Older People and Their Mission in the Church and in the World*, issued October 1, 1998)

professions who care for senior citizens; they were developed by a team of leaders in geriatric medicine from the American Geriatrics Society[2] and include the following:

Excellence in clinical care

- Patient-centered care that respects patient and family preferences and balances the burden of therapies with potential benefits
- Comprehensive care that addresses mental health and social issues as well as medical conditions
- Provision of coordinated care across all settings, including office, hospital, nursing home, acute rehabilitation unit, home, community-based long-term-care sites, and hospice
- Coordinated care that includes communication among providers
- Interdisciplinary team care with shared responsibility for patient care processes and outcomes
- Commitment to quality and its continuous improvement
- Focus on function and quality of life as outcomes
- Expertise in the diagnosis and care of chronic diseases and geriatric conditions
- Communication and interpersonal skills that serve both patients and families
- Prevention (primary, secondary, and tertiary) and rehabilitation as strategies to preserve, maintain, and restore function and prevent disability and dependency
- Palliative care for the relief of physical and psychological suffering, regular communication about care goals as disease progresses, and continuity of comprehensive palliative services for both patient and family caregivers across healthcare settings
- End-of-life and hospice care when patients are terminally ill and intensive comprehensive palliative care becomes the primary focus of health care
- Emphasis on patient safety and avoiding iatrogenesis
- Cultural competency and respect

Professionalism

- Highest ethical standards
- Excellent peer relations
- Acquisition and maintenance of board certification
- Lifelong learning and continuous professional growth
- Respect for roles of all members of the healthcare team
- Teaching lay and professional audiences

Expansion of knowledge related to health and aging

- Research on the basic science of aging and age-related diseases and geriatric conditions, clinical research, clinical and population-based research, social

[2] THE FUTURE OF GERIATRIC MEDICINE S247 JAGS JUNE 2005–VOL. 53, NO. 6

and behavioral research, and health services research, including quality-of-care research

Education of a health professions workforce to care for older persons

- Teaching in traditional and nontraditional settings, both at academic institutions and in the community
- Teaching primary care physicians, medical subspecialists, surgical and related medical specialists, and other health professionals

Advocacy for older patients

- Balancing autonomy and safety for individual patients
- Working within healthcare systems to ensure that needs of older persons are comprehensively met
- Working within educational settings to promote curriculum reform to foster the goals of geriatric medicine
- Collaborating with other medical professional societies and the societies of other healthcare disciplines to promote high-quality care of older persons
- Working with lobbyists, governments, and consumer groups to implement policy changes that promote the goals of geriatric medicine

Leadership

- Vision and flexibility to anticipate and respond to changing healthcare and political environments
- Ability to mobilize resources to meet current and future goals
- Willingness to share leadership roles with other specialties and disciplines in the care of older persons
- Rising to leadership positions in all relevant environments (e.g., academia, healthcare systems, government)

Older Americans and those that love and respect them should seek out physicians who adhere to these core principles and display these core attributes. Every one graduating from medical school or nursing school takes pediatric courses, why then at some universities is care for seniors simply an option or not available at all? We should all insist that medical schools and other health professional schools make geriatrics a part of the education of every graduate. Those physicians in training programs that deal with older patients extensively, such as internal medicine or orthopedics, should have the amount of training commensurate with the percentage of older persons they will be treating. We want the type of care outlined by the American Geriatrics Society for all older patients and we will want it for ourselves, when the time comes and we ourselves are seniors.

In addition to my role as the medical director of the Geriatrics Program at the Harris County Hospital District, I co-direct the Texas Elder Abuse and Mistreatment Institute or TEAM a Baylor collaboration with the Texas Department of Family and Protective

Services – Adult Protective Services Division. Our mission is to improve the lives of mistreated elders through clinical care, education and research. We have had the opportunity to present over 100 national, regional and local lectures. We have a number of funded research projects including the recently awarded Consortium for Research in Elder Self-neglect of Texas which is part of the National Institute's of Health Roadmap Initiative. Over our seven-year collaboration we have had the privilege of caring for over 1000 victims from all ethnic and socioeconomic groups. Older Americans and their advocates must guard against abuse, neglect and exploitation. I would like to outline some strategies that can help protect our seniors.

Financial exploitation is a pervasive problem that faces seniors today. Anything from phone scams, to theft by a family member or a trusted friend qualifies as elder mistreatment. Logic and common sense tells us that the more money or assets that a senior possess, the more likely he or she is to become a victim of this type of mistreatment. Seniors should never give their social security numbers to anyone, even if the callers state that they are from the government. We can all rest assured that actual government representatives already know our social security numbers. Middle-aged adults should choose trustworthy payees or fiduciaries *before* they need them. They should report paid providers or caregivers who steal objects or money. And no one, especially seniors should do business with persons that they do not know well.

Physical abuse or neglect by a caregiver or oneself can have serious health consequences. We know that neglect (as well as abuse) is an associated risk factor for death. Seniors and their loved ones should seek medical care for problems sooner, rather than later. Children and others should maintain close ties with aging persons and follow their health and well-being. Neglectful caregivers should be reported to APS to prevent them from causing more harm to the individual in question or to other individuals. The involvement of multiple agencies such as home health nursing or meals on wheels can discourage abusive or neglectful caregivers. Pastors and church members should be alert to the physical and mental changes that occur in their parishioners and advise them to seek help if these changes negatively impact daily functioning. Family members with older parents or grandparents who reside in nursing homes should visit frequently and remain very involved in the care provision. Involving members of different disciplines, such as medicine, protective services, civil and criminal law, law enforcement and victim advocacy is critical to meet the multiple complex needs of these victims.

Abuse, neglect and financial exploitation can lead to emotional and physical harm and even death. All of us should be aware of these pervasive public health problems and report cases to APS according to the law. We should advocate for the training of health professionals about elder mistreatment and the appropriate interventions, the funding of research in this area that focus on positive solutions and even prevention, and the support of interdisciplinary centers and demonstration projects that promote best practices.

In conclusion, I would like to assert that two of the very important issues facing older Americans are the need for health care professionals who posses the necessary attributes to provide quality care and the risk of becoming a victim of elder mistreatment. Both

require our advocacy to provide the requisite training to the health care workforce and to fund the research and demonstration projects that focus on the needs of seniors.

Ronald Reagan once said, “While I take inspiration from the past, like most Americans, I live for the future.” I look forward to the outcomes of the 2005 WHCOA aimed at better health and increased well-being for older Americans.